

ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS ARKANSAS 1999 TABLES

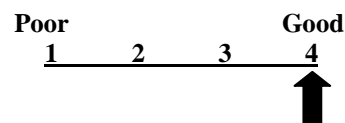
Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Arkansas Data Comments

Restricted Benefits: Except in the case of dual eligibles, these tables do not distinguish beneficiaries with restricted benefit packages from those entitled to full Medicaid benefits. Some adults enrolled through Arkansas's 1115 waiver qualified only for family planning benefits; the number of these beneficiaries was not reported to MSIS. Because these individuals did not qualify for coverage of most mental health services, rates of identified mental health beneficiaries among the adult FFS population may appear low.

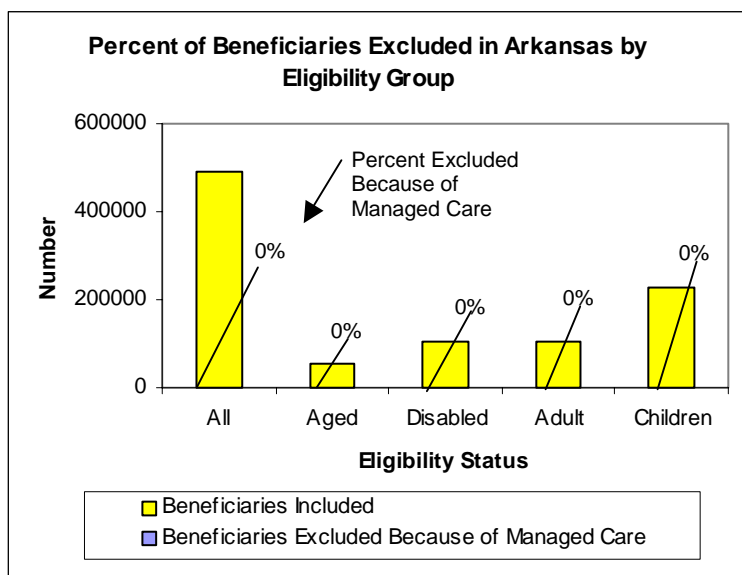
Diagnosis Codes: Diagnosis coding on claims was relatively complete, with no known quality problems.

ARKANSAS DATA QUALITY AND COMPLETENESS



*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Arkansas's managed care exclusions are shown in the graph on the left.

TABLE 1
MEDICAID BENEFICIARIES AND EXPENDITURES
TOTAL AND FEE-FOR-SERVICE (FFS)
ARKANSAS, CALENDAR YEAR 1999

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
All	491,245	100%	491,245	100%	\$1,403,367,836	100%	\$1,400,873,914	100%
Age								
0-3	73,941	15%	73,941	100%	\$161,773,871	12%	\$161,307,252	100%
4-5	29,617	6%	29,617	100%	\$55,241,878	4%	\$55,000,607	100%
6-12	91,095	19%	91,095	100%	\$118,111,698	8%	\$117,607,346	100%
13-18	65,252	13%	65,252	100%	\$124,964,540	9%	\$124,207,818	99%
19-21	29,504	6%	29,504	100%	\$42,315,062	3%	\$42,229,740	100%
22-44	96,661	20%	96,661	100%	\$255,960,496	18%	\$255,807,036	100%
45-64	39,244	8%	39,244	100%	\$209,805,926	15%	\$209,729,011	100%
65 and older	65,918	13%	65,918	100%	\$435,152,129	31%	\$434,942,868	100%
Gender								
Female	309,998	63%	309,998	100%	\$840,601,251	60%	\$839,370,592	100%
Male	181,118	37%	181,118	100%	\$562,327,151	40%	\$561,063,888	100%
Race								
White	303,121	62%	303,121	100%	\$921,544,509	66%	\$919,988,241	100%
Black	164,812	34%	164,812	100%	\$394,535,819	28%	\$393,659,300	100%
Hispanic	11,114	2%	11,114	100%	\$30,181,237	2%	\$30,166,518	100%
American Indian/Alaskan Native	4,187	1%	4,187	100%	\$23,162,348	2%	\$23,157,677	100%
Asian/Pacific Islander	4,351	1%	4,351	100%	\$25,206,007	2%	\$25,171,265	100%
Other/Unknown	3,660	1%	3,660	100%	\$8,737,916	1%	\$8,730,913	100%
Dual Status								
Aged Duals with Full Medicaid	49,102	10%	49,102	100%	\$401,632,172	29%	\$401,440,687	100%
Disabled Duals with Full Medicaid	22,010	4%	22,010	100%	\$167,522,590	12%	\$167,502,079	100%
Duals with Limited Medicaid	20,533	4%	20,533	100%	\$24,652,660	2%	\$24,636,905	100%
Other Duals	435	0%	435	100%	\$737,114	0%	\$736,784	100%
Disabled Non-Duals	63,940	13%	63,940	100%	\$419,196,440	30%	\$419,050,851	100%
All Other Non-Duals	335,225	68%	335,225	100%	\$389,626,860	28%	\$387,506,608	99%
Eligibility Group								
Aged	55,655	11%	55,655	100%	\$367,764,626	26%	\$367,527,754	100%
Disabled	103,397	21%	103,397	100%	\$664,221,431	47%	\$664,051,283	100%
Adults	102,909	21%	102,909	100%	\$90,570,774	6%	\$90,391,379	100%
Children	229,271	47%	229,271	100%	\$280,797,478	20%	\$278,889,971	99%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 2
MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES
COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES
ARKANSAS, CALENDAR YEAR 1999

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
All	491,245	50,913	10%	\$1,400,873,914	\$390,823,928	28%
Age						
0-3	73,941	884	1%	\$161,307,252	\$6,562,633	4%
4-5	29,617	2,000	7%	\$55,000,607	\$13,674,062	25%
6-12	91,095	13,588	15%	\$117,607,346	\$56,594,395	48%
13-18	65,252	9,303	14%	\$124,207,818	\$70,886,226	57%
19-21	29,504	966	3%	\$42,229,740	\$7,232,543	17%
22-44	96,661	11,381	12%	\$255,807,036	\$95,358,540	37%
45-64	39,244	7,265	19%	\$209,729,011	\$73,793,436	35%
65 and Older	65,918	5,525	8%	\$434,942,868	\$66,702,355	15%
Gender						
Female	309,998	26,632	9%	\$839,370,592	\$202,317,963	24%
Male	181,118	24,272	13%	\$561,063,888	\$188,462,224	34%
Race						
White	303,121	34,216	11%	\$919,988,241	\$262,430,837	29%
Black	164,812	14,238	9%	\$393,659,300	\$107,398,545	27%
Hispanic	11,114	843	8%	\$30,166,518	\$6,476,675	21%
American Indian/Alaskan Native	4,187	687	16%	\$23,157,677	\$6,023,808	26%
Asian/Pacific Islander	4,351	610	14%	\$25,171,265	\$5,982,104	24%
Other/Unknown	3,660	319	9%	\$8,730,913	\$2,511,959	29%
Dual Status						
Aged Duals with Full Medicaid	49,102	4,824	10%	\$401,440,687	\$61,846,966	15%
Disabled Duals with Full Medicaid	22,010	5,415	25%	\$167,502,079	\$61,958,459	37%
Duals with Limited Medicaid	20,533	1,743	8%	\$24,636,905	\$6,620,337	27%
Other Duals	435	71	16%	\$736,784	\$249,762	34%
Disabled Non-Duals	63,940	15,465	24%	\$419,050,851	\$156,883,092	37%
All Other Non-Duals	335,225	23,395	7%	\$387,506,608	\$103,265,312	27%
Eligibility Group						
Aged	55,655	4,367	8%	\$367,527,754	\$53,759,982	15%
Disabled	103,397	23,316	23%	\$664,051,283	\$236,614,506	36%
Adults	102,909	3,551	3%	\$90,391,379	\$10,778,241	12%
Children	229,271	19,679	9%	\$278,889,971	\$89,671,199	32%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

TABLE 3
MEDICAID FFS MENTAL HEALTH POPULATION
BY DIAGNOSTIC CATEGORY AND AGE GROUP
ARKANSAS, CALENDAR YEAR 1999

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	5,264	10%	144	1%	4,413	24%	707	13%
Major depression and affective psychoses	7,423	15%	1,596	6%	4,925	26%	902	16%
Other psychoses	2,099	4%	189	1%	738	4%	1,172	21%
Childhood psychoses	1,160	2%	1,032	4%	119	1%	9	0%
Neurotic & other depressive disorders	9,882	19%	2,867	11%	5,383	29%	1,632	30%
Personality disorders	566	1%	40	0%	484	3%	42	1%
Other mental disorders	1,134	2%	161	1%	314	2%	658	12%
Special symptoms or syndromes	1,708	3%	903	3%	663	4%	142	3%
Stress & adjustment reactions	6,277	12%	4,805	18%	1,248	7%	224	4%
Conduct disorders	2,486	5%	2,246	8%	211	1%	29	1%
Emotional disturbances	2,421	5%	2,401	9%	20	0%	0	0%
Hyperkinetic syndrome	10,365	20%	10,264	38%	98	1%	3	0%
No Diagnosis	128	0%	93	0%	30	0%	5	0%
Total	50,913	100%	26,741	100%	18,646	100%	5,525	100%

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

TABLE 4
PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER
FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP
ARKANSAS, CALENDAR YEAR 1999

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	1	137	4	5	5	1%	32	61	16%	6
	4-5	9	13	2	2	11	2%	11	18	3%	5
	6-12	223	49	15	6	233	5%	47	95	2%	4
	13-18	795	51	206	6	935	23%	45	250	6%	4
	19-21	17	12	49	7	61	11%	9	127	23%	5
	22-44	72	0	681	8	746	10%	7	1,424	19%	3
	45-64	56	0	317	8	373	7%	7	1,230	25%	4
	65+	30	0	122	1	152	4%	1	1,799	42%	0
	All Ages	1,203	43	1,396	7	2,516	9%	25	5,004	19%	2
Male	0-3	1	21	2	4	3	1%	9	82	16%	6
	4-5	30	19	1	5	31	2%	18	53	4%	3
	6-12	684	51	35	8	706	8%	50	214	2%	3
	13-18	1,156	58	207	6	1,307	25%	52	152	3%	5
	19-21	26	13	41	12	62	15%	14	27	7%	5
	22-44	101	0	425	7	518	13%	6	601	15%	3
	45-64	35	0	132	7	166	7%	6	538	24%	3
	65+	12	0	29	2	41	3%	1	579	46%	0
	All Ages	2,045	50	872	7	2,834	12%	38	2,246	9%	3
Total	0-3	2	79	6	5	8	1%	23	144	16%	6
	4-5	39	17	3	3	42	2%	16	71	4%	3
	6-12	907	51	50	7	939	7%	49	309	2%	4
	13-18	1,952	55	413	6	2,243	24%	49	402	4%	5
	19-21	43	13	90	10	123	13%	11	154	16%	5
	22-44	173	0	1,106	8	1,264	11%	7	2,025	18%	3
	45-64	91	0	449	8	539	7%	6	1,768	24%	4
	65+	42	0	151	1	193	3%	1	2,378	43%	0
	All Ages	3,249	48	2,268	7	5,351	11%	32	7,251	14%	2

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

TABLE 5
EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL
HEALTH BENEFICIARIES, BY SEX AND AGE GROUP
ARKANSAS, CALENDAR YEAR 1999

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	179	48%	0.61	3.48	4.10	7,324	21%	1.98
	4-5	307	47%	1.35	3.16	4.51	2,395	18%	2.55
	6-12	2,031	46%	1.30	3.14	4.45	7,862	20%	2.48
	13-18	2,042	51%	1.24	2.09	3.33	5,302	16%	1.91
	19-21	270	48%	1.08	2.87	3.95	1,832	7%	1.66
	22-44	3,546	48%	1.58	2.11	3.68	7,586	11%	1.93
	45-64	2,670	54%	2.17	1.94	4.11	6,371	34%	2.09
	65+	1,989	47%	0.47	2.79	3.27	15,545	35%	2.59
	All Ages	13,034	49%	1.41	2.40	3.80	54,219	19%	2.24
Male	0-3	231	45%	0.99	3.96	4.95	8,519	23%	2.04
	4-5	632	47%	1.30	3.91	5.20	2,750	20%	2.65
	6-12	4,085	45%	1.76	2.96	4.72	7,464	20%	2.87
	13-18	2,283	43%	1.25	2.18	3.43	4,316	19%	2.10
	19-21	171	42%	1.20	2.91	4.11	475	18%	2.91
	22-44	1,859	46%	3.61	2.13	5.74	2,908	22%	2.58
	45-64	1,073	47%	4.42	2.18	6.60	3,461	27%	2.25
	65+	554	44%	1.19	2.93	4.12	4,762	30%	2.60
	All Ages	10,889	45%	2.15	2.65	4.80	34,656	22%	2.43
Total	0-3	410	46%	0.82	3.75	4.58	15,849	22%	2.02
	4-5	939	47%	1.32	3.66	4.98	5,145	19%	2.60
	6-12	6,116	45%	1.61	3.02	4.63	15,329	20%	2.67
	13-18	4,326	47%	1.24	2.14	3.38	9,620	17%	1.99
	19-21	441	46%	1.13	2.88	4.01	2,307	8%	1.92
	22-44	5,405	47%	2.28	2.12	4.39	10,500	12%	2.11
	45-64	3,744	52%	2.81	2.01	4.82	9,839	31%	2.15
	65+	2,543	46%	0.63	2.82	3.45	20,308	34%	2.59
	All Ages	23,925	47%	1.74	2.51	4.26	88,900	20%	2.32

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 6
PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH
AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP
ARKANSAS, CALENDAR YEAR 1999

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	6,462	9%	230	26%	6,232	9%
4-5	3,192	11%	920	46%	2,272	8%
6-12	14,815	16%	9,278	68%	5,537	7%
13-18	7,975	12%	5,140	55%	2,835	5%
19-21	1,609	5%	604	63%	1,005	4%
22-44	17,399	18%	8,826	78%	8,573	10%
45-64	14,872	38%	5,724	79%	9,148	29%
65+	23,663	36%	4,020	73%	19,643	33%
All Ages	89,989	18%	34,743	68%	55,246	13%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

TABLE 7
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ARKANSAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	144	48%	72%	22%	8%	3%	53%	6%
Major depression and affective psychoses	1,596	52%	22%	12%	6%	17%	35%	14%
Other psychoses	189	31%	54%	10%	2%	16%	35%	16%
Childhood psychoses	1,032	17%	16%	21%	0%	19%	20%	37%
Neurotic & other depressive disorders	2,867	44%	9%	15%	1%	14%	21%	24%
Personality disorders	40	40%	20%	10%	3%	8%	23%	35%
Other mental disorders	161	22%	10%	16%	1%	8%	16%	44%
Special symptoms or syndromes	903	13%	4%	13%	0%	6%	6%	58%
Stress & adjustment reactions	4,805	19%	4%	10%	0%	15%	11%	44%
Conduct disorders	2,246	24%	13%	10%	1%	23%	19%	32%
Emotional disturbances	2,401	27%	10%	9%	1%	29%	20%	32%
Hyperkinetic syndrome	10,264	21%	7%	9%	0%	80%	26%	9%
No Diagnosis	93	11%	1%	3%	1%	4%	4%	8%
Total	26,741	26%	9%	11%	1%	42%	21%	40%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 8
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ARKANSAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	4,413	36%	81%	30%	8%	0%	51%	3%
Major depression and affective psychoses	4,925	67%	35%	46%	10%	2%	56%	7%
Other psychoses	738	38%	60%	35%	3%	1%	45%	11%
Childhood psychoses	119	19%	23%	22%	3%	1%	19%	24%
Neurotic & other depressive disorders	5,383	61%	11%	52%	1%	1%	41%	11%
Personality disorders	484	57%	40%	43%	7%	3%	52%	10%
Other mental disorders	314	34%	26%	28%	3%	1%	27%	22%
Special symptoms or syndromes	663	40%	6%	30%	1%	0%	21%	36%
Stress & adjustment reactions	1,248	50%	13%	39%	1%	1%	33%	22%
Conduct disorders	211	40%	44%	35%	3%	1%	37%	12%
Emotional disturbances	20	30%	35%	30%	10%	5%	25%	5%
Hyperkinetic syndrome	98	46%	17%	37%	2%	55%	51%	10%
No Diagnosis	30	37%	3%	27%	3%	3%	23%	23%
Total	18,646	53%	38%	42%	5%	1%	46%	22%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

TABLE 9
PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO
USED PRESCRIPTION PSYCHOTROPIC DRUGS,
BY DIAGNOSTIC CATEGORY AND DRUG TYPE
ARKANSAS, CALENDAR YEAR 1999

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	707	36%	81%	31%	4%	1%	48%	7%
Major depression and affective psychoses	902	70%	36%	47%	5%	2%	55%	7%
Other psychoses	1,172	37%	38%	35%	0%	1%	35%	28%
Childhood psychoses	9	22%	33%	33%	0%	0%	22%	22%
Neurotic & other depressive disorders	1,632	54%	23%	51%	1%	1%	42%	13%
Personality disorders	42	38%	38%	33%	5%	2%	36%	19%
Other mental disorders	658	31%	34%	31%	0%	1%	29%	35%
Special symptoms or syndromes	142	33%	23%	44%	0%	0%	32%	25%
Stress & adjustment reactions	224	31%	12%	33%	0%	0%	21%	34%
Conduct disorders	29	59%	66%	45%	0%	0%	59%	14%
Emotional disturbances	0	0%	0%	0%	0%	0%	0%	0%
Hyperkinetic syndrome	3	0%	0%	33%	0%	0%	0%	67%
No Diagnosis	5	40%	60%	20%	0%	0%	40%	40%
Total	5,525	46%	37%	41%	2%	1%	41%	27%

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).